

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2010
NAME OF PROVIDER OR SUPPLIER PROGRESSIVE LIFE CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1933 MONTANA AVENUE NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments An annual inspection was conducted on February 16, 2010 through February 18, 2010. The survey findings were based on record review and staff interview. The sample sizes were twenty (20) employee records based on a census of twenty (20), five (5) foster parent records based on a census of five (5), nine (9) foster child records based on a census of nine (9), and two (2) post adoption records based on a census of two (2). The agency was found to be in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing however deficiencies were cited.	S 000	<p><i>Revised 3/11/2010</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
S 103	1611.1(k) Personnel Records (k) Physical examination reports required in section 1612.2; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that one (1) of twenty (20) employees had available for review, a current physical examination report as required in section 1612.2. (Employee #1) The finding includes: Review of personnel records on February 14, 2010, at approximately 11:30 a.m. revealed that employee #1 failed to have a current physical examination. Interview with the Program Director on February 14, 2010, at approximately 1:00 p.m., confirmed the findings.	S 103 S 103 1612.2		<p>Corrective Action: Employees will continue to be notified of missing documents via the Employee File Checklist. Supervisors will continue to distribute the checklist to their employees and ensure compliance. The Checklist will ensure that medical records remain up-to-date.</p> <p>Measures to Ensure Deficient Practice Does Not Recur: PLC recently implemented a policy mandating that all staff adhere to our contract compliance requirements or be subject to sanctions which range from a warning to dismissal.</p> <p>How Corrective Action Monitored: Progressive Life Center's Performance and Quality Improvement staff will continue to conduct quarterly reviews of all HR files to ensure best practice approaches are utilized, and to provide a consistent supportive monitoring tool.</p>

Health Regulation Administration

Rodney Foxworth

Chief Administrative Officer 3/11/2010

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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U7K311

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S 510	Continued From page 1	S 510			
S 510	1643.3(b) Supervision Of Children In Foster Homes (b) Obtain age appropriate health supervision for child(ren) in care to include at least annual medical and dental examinations. This supervision shall include emergency and routine medical care and correction of remedial medical problems of each child. This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure foster children had annual medical and dental examinations, for four (4) out of nine (9) foster children. (Foster children #1, #4, #5, and #6) The finding includes: Review of foster children #1, #4, #5, and #6's records on February 18, 2010, at approximately 11:45 a.m., revealed no evidence of current medical or dental evaluations. Interview with the Program Director on February 18, 2010, at approximately 1:10 p.m. confirmed the findings.	S 510 SS10 1643.3(b)	Corrective Action: The social workers and case managers will continue a monthly review of the youth medical and dental examinations, as well as routine and emergency medical care for each youth. The monthly file reviews will ensure that the medical, dental, and vision record remain up-to-date. Measures to Ensure Deficient Practice Does Not Recur: We will increase training for foster parents and staff that emphasizes the importance of the medical record. This will also be discussed at the social worker's weekly supervision, and the clinical supervisors will continue to monitor the case files. How Corrective Action Monitored: Progressive Life Center's Performance and Quality Improvement staff will continue to conduct quarterly reviews of all files to ensure best practice approaches are utilized, and to provide a consistent supportive monitoring tool.	May 11, 2010	

Health Regulation Administration
STATE FORM

Robert Foran

Chief Administrative Officer

U7K311

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3/11/2010